



ALMONTE GENERAL HOSPITAL / FAIRVIEW MANOR
 CARLETON PLACE & DISTRICT MEMORIAL HOSPITAL
PALLIATIVE CARE ORDER SET

ALLERGIES:

NO KNOWN ALLERGIES

Criteria for Palliative Care Order Set

- Progressive, incurable illness with a limited life expectancy
- Goals of Care are comfort or supportive care only
- Refractory symptoms including dyspnea, delirium, seizures, pain or other

Admit to Dr. _____ **Palliative Performance Scale (PPS)** _____

Goals of Care

Medical Care Comfort Care (Terminal/Severe Illnesses not generally treated)

Referrals

Regional Palliative Consultation Team Referral Social Work
 Spiritual Care Pharmacy
 Dietician Other: _____

Vitals/Monitoring

Weight PPS every 12 hours
 No vital signs No blood work No Blood glucose
 Nursing Care – comfort measures Q2H and PRN (includes back rub, positioning, oral care, etc.)

Respiratory

O₂ at _____ L/min via nasal prongs for comfort
 COPD Patient: O₂ to keep O₂ Sats 88% - 92%

Fluids

Subcutaneous Line for drug delivery (no flush required) *one subcutaneous line for each drug
 Other: _____

Activity

AAT Other: _____

Diet

Regular Diet Texture: Regular Reg + Minced Meat Modified Minced Puree
 NPO Other: _____
 Fluids Thickened: Nectar/Mildly Honey/Moderately Pudding/Extremely

Tubes

NO Foley Catheter Bladder scan every shift if unable to void

 Physician Signature

 Print Name of Physician

 Date and Time

 Processed by/Date and Time

 Checked by/Date and Time



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Palliative Medications

See Medication Reconciliation for regular medications

OR

Stop all previous medication orders

Dyspnea/Pain/Fever Management

- Acetaminophen (Tylenol) 650 mg PR/PO q 4 h PRN for _____
- HYDROmorphone (Dilaudid) _____ mg subcut q _____ h PRN for _____
- Morphine _____ mg subcut q _____ h PRN for _____
- Other: _____

Nausea Management

- dimenhyDRINATE (Gravol) 25-50 mg PR/PO/subcut q 4 h PRN
- metocloprAMIDE (Maxeran) 5 – 10 mg subcut q 4 h PRN
- Ondansetron (Zofran) 4 mg subcut/ODT/PO q 8 h PRN
- Other: _____

Delirium/Agitation/Anxiety

- Methotrimeprazine (Nozinan) 2.5-5 mg subcut q 4 h PRN
- LORazepam (Ativan) 0.5 – 1 mg subcut q 4 h PRN
- Midazolam (Versed) 1 – 2 mg subcut q 30 min PRN
- Other: _____

Terminal Secretions

- Scopolamine 0.3 – 0.6 mg subcut q 4 h PRN
- Glycopyrrolate 0.1-0.2 mg subcut q 4 h PRN

Seizure/Catastrophic Bleed

- Midazolam (Versed) 5-10 mg subcut STAT, repeat q 5 min PRN
 *If seizure persists or sedation not achieved, notify physician.
- Other: _____

Bowel Management

- PEG 17 g PO Daily
- Senokot 8.6 to 17.2 mg PO QHS PRN
- Glycerin 1 suppository daily PR PRN

Physician Signature

Print Name of Physician

Date and Time

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